

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19968

5969

FILED JUL 8 1943 1318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5229 Kensington Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME **Albert Riley**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **488-18-8925**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Myrtle Riley** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **April 4 - 1870**
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **21** If less than one day
hr. min.

9. Birthplace **La Grange Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **(Retired) Sup't of Outside Equip-**

11. Industry or business **Ment Public Service Co.**

12. Name **James Riley**

13. Birthplace **New York New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Varble**

15. Birthplace **La Grange Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs James G Cooper**

(b) Address **5229 Kensington Ave**

17. (a) **Burial** (b) Date thereof **6-29-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mathews Cemetery**

18. (a) Signature of funeral director **C.R. Lupton & Sons**

(b) Address **7233 Delmar Blvd.**

19. (a) **JUN 29 1943** (b) **J.F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **Saint Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5229 Kensington Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **25** th
year **1943** hour **8** minute **45** P.M.

21. I hereby certify that I attended the deceased from **May 1st**
19 **43** to **June 25** 19 **43**
that I last saw him alive on **June 24th** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. Myocarditis** Duration

Due to.....

Due to.....

Other conditions **Paralysis agitans**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature **George Brantley** (M. D. or other)
Address **4903 Delmar** Date signed **6/26/43**

Dr. J. H. Manting
4903 Delaney
R.O.-1323
11-12

2088-81-80

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.